PTO/SB/22 (01-08)
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PETITION FOR EXTENSION OF TIME UNDER 37	Docket Number (Optional)						
FY 2008		41557-199752					
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H. R. 4818).)							
Application Number 10/734,597-Conf. #1	464	Filed De	cember 15	, 2003			
For SOLID STATE IMAGER ARRANGEMENTS							
Art Unit 2622		Examiner	W. M. Ne	gron			
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above identified application.							
The requested extension and fee are as follows (check time	e period desired a	and enter the approp	riate fee bel	ow):			
One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity Fee \$60	<u>\$</u>				
X Two months (37 CFR 1.17(a)(2))	\$460	\$230	* _ \$	460.00			
Three months (37 CFR 1.17(a)(3))	\$1050	\$525	* _ \$	-100.00			
Four months (37 CFR 1.17(a)(4))	\$1640	\$820	* \$				
Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$	·-·			
	·	•	· <u> </u>				
Applicant claims small entity status. See 37 CF	R 1.27.						
A check in the amount of the fee is enclosed.							
Payment by credit card. Form PTO-2038 is attached.							
The Director has already been authorized to cha	arge fees in this a	application to a Dep	osit Accour	it.			
The Director is hereby authorized to charge any	•	•		•			
Deposit Account Number <u>22-0261</u> . I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form.							
Provide credit card information and authorization on	Provide card information and authorization on PTO-2038.						
I am the applicant/inventor.				:			
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
x attorney or agent of record. Regis	tration Number	42,709	<u>.</u>				
attorney or agent under 37 CFR 1.	34.						
Registration number if aeting under	er 37 CFR 1.34						
		Marc	h 26, 2008				
Signature			Date	_			
Jeffri A. Kaminski		(202) 344-4000					
Typed or printed name Telephone Number							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
Total of 1 forms are submitt	ed.						

03/27/2008 SZEWDIE1 00000170 220261 10734597

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PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL		Complete if Known					
		Application Number	Application Number 10/734,597-Conf. #1464				
		Filing Date December 15		2003			
	First Named Inventor Pe		or_ Peter J. Poole	eter J. Poole			
For FY 2008		Examiner Name W. M. Negro					
Applicant claims small entity stat	us. See 37 CFR 1.27	Art Unit 2622					
TOTAL AMOUNT OF PAYMENT	(\$) 2,240.00	Attorney Docket No.	41557-199752	41557-199752			
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
x Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND E	XAMINATION FEES						
FI			CAMINATION FEES				
Application Type Fee (\$	Small Entity Si) Fee (\$) Fee (Small Entity (\$) Fee (\$) Fe	Small Entity Se (\$) Fee (\$)	Fees Paid (\$)			
Utility 310			210 105				
Design 210	105 100	50	130 65				
Plant 210	105 310	155	160 80				
Reissue 310	155 510	255	620 310				
Provisional 210	105	0	0 0				
2. EXCESS CLAIM FEES Small Entity							
Fee Description Fee (\$)							
l=				50 25			
Multiple dependent claim over 3 (incl	uding Keissues)			210 105			
, ,	F (A) F	Daid (6)	Muldinia Dananda	370 185			
Total Claims Extra Claims		Paid (\$) 150.00		lultiple Dependent Claims ee (\$) Fee Paid (\$)			
HP = highest number of total claims paid for		150.00	Fee (\$)	-ee Falu (\$)			
Indep. Claims Extra Claims	Fee (\$) Fee	Paid (\$)					
		30.00					
HP = highest number of independent claims	paid for, if greater than 3.						
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u> <u>Extra Sheet</u>		additional 50 or fraction	thereof Fee (\$)	Fee Paid (\$)			
100 = /50 = (round up to a whole number) x =							
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1252 Extension for response within second month 460.00							
SUBMITTED BY Signature	1///	Registration No. 42	2,709 Telephone	(202) 344-4000			
Name (Print/Type) Jeffin A Kaminski		(Attorney/Agent) 42	Date	March 26, 2008			